

**Office of Administration
Commissioner's Office**

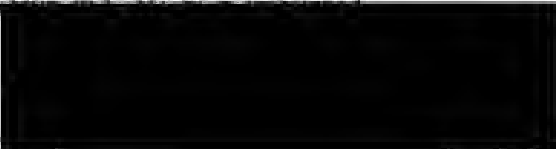
"Request for Preauthorization for Other Services"

Program: **Alternatives to Abortion**


Contractor: Nurses for Newborns

Subcontractor: N/A

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchase.


Client Name: 

Date Enrolled: 8/9/16

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
6/12/17	CAR PAYMENT	\$441.24	 UNEMPLOYED.
AMOUNT TO BE REIMBURSED			

Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to emily.kraft@oa.mo.gov by the Contractor only!

Thank you.

Authorized person requesting purchase: 

Approved for purchase: _____ Date _____

Purchase denied: _____ Date _____

Reason for denying purchase: _____

PAYMENT NO.

62

ACCOUNT NUMBER

Mail Payment to:

CREDIT ACCEPTANCE CORP
P O BOX 551888
DETROIT MI 48255-1888

\$441.24

JUN 20, 2022

PAYMENT DUE - IF RECEIVED ON OR BEFORE

Address Phone Change?

Street Address:

City, State, ZIP:

Home Phone:

Work Phone:

Cell Phone:

☐ Mailing Address

☐ Physical Address